

## BAYOU HEALTH RAPID RESPONSE RESOURCES

*For February 1, 2012 "Go Live"*

### MEDICAID RAPID RESPONSE TEAM CONTACTS

This hotline is available for **urgent, real-time needs from providers in GSA "A" only**. If you have a question that does not need immediate resolution, it should be submitted to [bayouhealth@la.gov](mailto:bayouhealth@la.gov) or addressed in daily provider calls that are held Monday through Friday from noon to 1 p.m. Call in information for those calls are #1-888-278-0296; passcode #7299088.

The call line will be manned from 7 a.m. to 6 p.m. during the weekday starting Feb. 1 and going through Feb. 10, 2012.

- Rapid Response Provider Line #1 – (225)229-7152

If you are a large provider in GSA A and you wish to have a designated primary contact during this time, please e-mail [bayouhealth@la.gov](mailto:bayouhealth@la.gov).

### BAYOU HEALTH PLAN CONTACTS

Plan	Provider Relations	Member Services	Member Services TTY	Web Site
<b>Amerigroup</b>	1-888-821-1108	1-800-600-4441	1-800-855-2880	<a href="http://www.myamerigroup.com/la">www.myamerigroup.com/la</a>
<b>LaCare</b>	1-888-922-0007	1-888-756-0004	1-866-428-7588	<a href="http://www.lacarelouisiana.com">www.lacarelouisiana.com</a>
<b>Louisiana Healthcare Connections</b>	1-866-595-8133	1-866-595-8133	1-877-285-4514	<a href="http://www.LouisianaHealthConnect.com">www.LouisianaHealthConnect.com</a>
<b>Community Health Solutions</b>	1-855-247-5248	1-855-247-5248	1-866-907-4856	<a href="http://www.louisiana.chsamerica.com">www.louisiana.chsamerica.com</a>
<b>United Healthcare Community Plan</b>	1-866-675-1607	1-866-675-1607	1-866-640-7005	<a href="http://www.UHCCCommunityPlan.com">www.UHCCCommunityPlan.com</a>

*BAYOU HEALTH Resources for Providers  
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## **USEFUL WEB LINKS**

### **Prior Authorization for BAYOU HEALTH Transition in GSA A**

<http://new.dhh.louisiana.gov/index.cfm/page/1192>

### **BAYOU HEALTH EDI Submission Information - All five Health Plans are able to accept ANSI X12 837 transactions.**

[http://new.dhh.louisiana.gov/assets/docs/BayouHealth/BAYOUHEALTH\\_EDISubmissionInformation.docx](http://new.dhh.louisiana.gov/assets/docs/BayouHealth/BAYOUHEALTH_EDISubmissionInformation.docx)

### **BAYOU HEALTH Medicaid Provider Billing One-Pager**

[http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Medicaid\\_Provider\\_Billing\\_Change\\_Flier.pdf](http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Medicaid_Provider_Billing_Change_Flier.pdf)

### **BAYOU HEALTH Provider Frequently Asked Questions – updated throughout the day**

<http://new.dhh.louisiana.gov/index.cfm/faq/category/73>

### **BAYOU HEALTH Provider Handbooks**

<http://new.dhh.louisiana.gov/index.cfm/page/827>

### **BAYOU HEALTH Provider Search**

<https://bayouhealth.com/LASelfService/faces/search.xhtml>

## **Frequently Asked Transition Questions**

### **What happens when a patient comes into our office and we find he is not linked to our Health Plan?**

Unless it is an emergency, the patient should be referred to the PCP the Health Plan has assigned him/her, if the patient knows who the PCP is. If not, the patient can be referred to the Health Plan's Member Services toll-free number. The name of the patient's Health Plan can be determined by the eligibility verification system, which will be maintained for providers by Molina.

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**How will we be able to verify eligibility?**

Eligibility can be verified in the same manner as it is today, with the Web, phone and swipe card options in the eligibility verification system operated by Molina.

Below is an example of the e-MEVS screen when a member is enrolled with a BAYOU HEALTH Plan:

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date.
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2012 Managed Care Organization COMMUNITY HEALTH SOLUTIONS OF Telephone (888) 982-4752
Active Coverage		Medicaid	Medical Care, Chiropractic, Dental Care, Hospital, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care

**Will the patient's ID cards look different for each Health Plan?**

Yes. Each patient will have both a Medicaid card to obtain carved out services and a second member ID card issued by the Health Plan. The contract requires that the Health Plan issued ID card include the name of the PCP, the PCP's address and phone number, and numbers for the Plans Member services.

**What procedures require authorization?**

This will be determined by each prepaid Health Plan and approved by DHH. Shared Savings Plans cannot require Prior Authorization for services that are not Prior Authorized by fee-for-service Medicaid. However, Prior Authorization policies for those services can be different than fee-for-service Medicaid.

**How will billing work?**

Providers should follow the billing procedure instructions for the Plans with which they enroll. BAYOU HEALTH Plans are asked to provide this information up front and keep the process transparent to assist providers. With the prepaid plans, the entities administering those networks will handle payments directly, and with the shared-savings model for Medicaid, the fiscal intermediary will continue to administer billing.

**Will all Medicaid recipients be in BAYOU HEALTH?**

No – most, but not all, Medicaid recipients will enroll with BAYOU HEALTH.

The first recipients targeted for enrollment are Medicaid and LaCHIP recipients under age 19, their parents, pregnant women and enrollees who receive Medicaid because of age, disability or blindness. This group represents approximately two-thirds of all Medicaid enrollees, and includes all enrollees currently covered through CommunityCARE 2.0.

Native Americans and children under age 19 who receive SSI, are in foster care or are in juvenile justice custody will have the choice of voluntarily enrolling or remaining Medicaid fee-for-service recipients.

Recipients who are not part of the initial implementation are residents of a long-term care facility, Medicare dual eligibles, individuals enrolled in a Home and Community Based Waiver, recipients enrolled in Medicaid only for family planning services, Louisiana Health Insurance Premium Payment (LaHIPP) program recipients and children in the LaCHIP Affordable Plan.

**How will authorization for non-emergency room, non PCP, outpatient primary care visits work?**

Please refer to the Health Plans' Provider Handbooks or direct this question to the Health Plans' Provider Relations, as each Plan will establish their own authorization policies (which do require approval from DHH). Shared Savings Plans cannot require Prior Authorization for services that are not Prior Authorized by fee-for-service Medicaid. However, Prior Authorization policies for those services can be different than fee-for-service Medicaid. DHH will provide a link to each Health Plan's prior authorization procedures to be used by out-of-network providers during this transition period.

**If a provider has prior authorized services already scheduled prior to the go live date in a GSA, but the service is not scheduled until after the go live date, will the provider need to resubmit prior authorization requests through the appropriate Health Plan to treat the member?**

Any prior authorizations issued by DHH will be honored within the first 30 calendar days of BAYOU HEALTH implementation in each GSA. There will be no need during this time to resubmit to a Health Plan. In addition, DHH will provide a file of all known prior authorizations to each Health Plan at the BAYOU HEALTH go-live date.

